National
PATHOLOGY
ACCREDITATION
Advisory Council

http://www.health.gov.au/npaac

NPAAC Guidelines for COVID-19 Temporary Collection Facilities (Drive-though and Pop-up)

As part of the response to the COVID-19 pandemic, temporary collection facilities have been established by either state/ territory governments or laboratory providers for the collection of specimens from patients. This is with the aim of providing more access to collection services that will enable more testing for COVID to occur.

To support the temporary COVID collection facilities, the following guidance is provided with the aim of reducing any potential risks to patients and aimed at ensuring quality pathology results.

NATIONAL PATHOLOGY ACCREDITATION ADVISORY COUNCIL

GUIDELINES FOR COVID-19 TEMPORARY COLLECTION FACILITIES (DRIVE THROUGH AND POP-UP)

July 2020

Copyright

Contents

The National Pathology Accreditation Advisory Council (NPAAC) was established in 1979 to consider and make recommendations to the Australian, state and territory governments on matters related to the accreditation of pathology Laboratories and the introduction and maintenance of uniform Standards of practice in pathology laboratories throughout Australia. A function of NPAAC is to formulate Standards and initiate and promote education programs about pathology tests.

Publications produced by NPAAC are issued as accreditation material to provide guidance to laboratories and accrediting agencies about minimum Standards considered acceptable for good laboratory practice.

Failure to meet these minimum Standards may pose a risk to public health and patient safety.

Introduction

Errors in pathology specimen collection can be a major risk to patient safety in the pathology testing process. The integrity and identification of patient specimens to be tested depends on the correct collection procedure. A contributory factor to the procedure is an adequate collection facility.

As part of the response to the COVID-19 pandemic, temporary collection facilities have been established by either state/ territory governments or laboratory providers for the collection of specimens from patients. This is with the aim of providing more access to collection services that will enable more testing for COVID to occur.

To support the temporary COVID collection facilities, the following guidance is provided with the aim of reducing any potential risks to patients and aimed at ensuring quality pathology results.

Temporary COVID-19 collection facilities may not be able to meet all the requirements for an Approved Collection Centre, however, this Guideline outlines the minimum best practice for specimen collection in these sorts of temporary facilities.

The *Guidelines for Approved Pathology Collection Centres (Requirements for Medical Pathology Specimen Collection* should be read for guidance on best practice.

Please note that all NPAAC documents can be accessed at NPAAC Website

While this document is for use in the accreditation process, comments from users would be appreciated and can be directed to:

NPAAC Secretariat
Diagnostic Imaging and Pathology Branch
Department of Health
GPO Box 9848 (MDP 851)
CANBERRA ACT 2601

Phone: (02) 6289 4017
Fax: (02) 6289 4028
Email: NPAAC Email Address
Website: NPAAC Website

1. Premises

1.1 The responsible officer (i.e. designated person or their delegate) is to determine the suitability of the proposed temporary COVID collection facility to ensure that the site is both suitable and easily accessible.

1.2 If it is determined that a location may be suitable for a pop-up/ drive through collection facilities, a clinic checklist should be completed to ensure other relevant factors have been considered prior to set up.

1.3 Conditions at the selected site may also change and it is important that the site is checked daily for new hazards and the site should be monitored and checked daily for any environmental changes.

1.4 There **must** be a Reference to the Checklist for new temporary COVID collection sites.

2. Equipment

2.1 The responsible officer (i.e. designated person or their delegate) is to determine the anticipated demand for stock and the logistics for safe storage and re-supply.

2.2 Staff working on site **must** be familiar with the location and stock and stock ordering procedures.

3. Personnel

3.1 The responsible officer (i.e. designated person or their delegate) **must** ensure clinical governance is established and communicated.

3.2 The responsible officer (i.e. designated person or their delegate) **must** ensure that collection staff are suitably trained and competent to perform collections.

3.3 All staff working in the pop-up or drive through collection facilities **must** be oriented to the site prior to commencing and has the relevant skills and competencies to operate in the temporary collection environment effectively.

4. Documentation/ Instruction

4.1 The officer responsible (i.e. designated person or their delegate) **must** ensure planning of appropriate signage to indicate the location of the screening facility, flow of vehicle and pedestrian traffic, and any other relevant information.

4.2 Prior to the set-up of the pop-up/ drive through facility, communications should be provided to the local community with an identified contact for any enquiries.

5. Collection Procedures

5.1 The responsible officer (i.e. designated person or their delegate) **must** ensure that all staff are familiar with agreed clinic processes for the collection of specimens (as outlined in Standard 5), including the patient registration, process, screening criteria and testing protocol.

5.2 Specimen collection **must** be performed with accurate identification and relevant contact details.

5.3 The officer responsible (i.e. designated person or their delegate) **must** ensure that there is a record of the patient's general practitioner for notification of test results. If there is no request form, there is a state Government directive to the public to present for testing using the designated public health general practitioners.

5.3 Information should be available to patients on privacy and how patient information will be used. It is also recommended that where possible the patient's GP contact details are collected to ensure continuity of care.

6. Transport and Storage of Specimens

6.1 The officer responsible (i.e. designated person or their delegate) **must** ensure that –

(i) specimens **must** be traceable at all times and transported to the laboratory in accordance with the laboratory providers protocols and in accordance with the *Requirements for Transport of Pathology Specimens and Associated Materials*

(ii) if specimens are to be retained within the temporary facility, that safety, specimen stability and security requirements are addressed and documented

(iii) security procedures ensure that specimens are not accessible by members of the public.

7. Follow up post-swab

7.1 All patients undergoing COVID-19 testing need to self-isolate while they are wait for their COVID-19 test result; this may take up to 72 hours.

Positive results

7.2 Patients who test positive are given priority and their results are reported immediately to the referring GP and Public Health Unit in accordance with high-risk result procedures.

Negative results

7.3 If there is an established SMS system (including registration details) to deliver negative results to patients, then utilisation of the SMS system is encouraged to reduce the time taken to receive results.

7.4 Patients who test negative do not need to continue isolation unless they have been advised e.g. recent overseas travel or identified as a close contact of a COVID-19 case.

Expedited test results

7.5 Decisions regarding the testing prioritisation of tests are made by the state/ territory Health Department in response to clinical and public health imperatives, including early detection in vulnerable communities.